

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4		/				
5		/				
6						
7						
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14		/				
15		/				
16						
17		/				
18		/				
19	/					
20		/				
21		/				
22						
23		/				
24	/					
25		/				
26		/				
27	/					
28		/				
29	/					
30	/					
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41	/					
42		/				
43	/					
44		/				
45		/				
46		/				
47	/					
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52						
53						
54						
55		/				
56	/					
57		/				
58						
59						
60		/				
61	/					
62	/					
63						
64		/				
65						
66						
67	/					
68		/				
69		/				
70		/				
71	/					
72		/				
73		/				
74		/				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81	/					
82		/				
83		/				
84		/				
85		/				
86	/					
87						
88	/					
89		/				
90		/				
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	19					
TOTAL DEP.	71					
TOTAL CLAIMS	90					